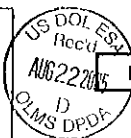


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - <u>15032</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>Carl</u>    <u>Gottlieb</u> P.O. Box, Bldg., Room No., if any <u>Suite 1450</u> Street <u>16633 Ventura Blvd.</u> City <u>Encino</u> State <u>California</u>   ZIP Code + 4 <u>91436-1887</u>	4. Name, file number, and address of labor organization. Name <u>Writers Guild of America, West</u> Labor Organization File Number <u>000-078</u> P.O. Box, Building and Room Number, if any Street <u>7000 W. 3rd Street</u> City <u>Los Angeles</u> State <u>California</u>   ZIP Code + 4 <u>90048</u>
5. Position in labor organization. <u>Vice-President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>John Schulman</u> Trade Name, if any: <u>Warner Bros. Studios</u> P.O. Box, Bldg., Room No., if any Street <u>4000 Warner Blvd.</u> City <u>Burbank</u> State <u>California</u>   ZIP Code + 4 <u>91522</u>	7.a. Nature of Interest, Transaction, or Income. <u>Lunch, 4/27/2004, gift of tee shirt &amp; baseball cap</u> <u>Lunch, 10/14/2004, gift of Hawaiian shirt</u> 7.b. Amount. <u>\$125</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Carl A. Gottlieb

On

8/12/2005

Date

(818) 501-3022

Telephone Number

Name of Person Filing Carl Gottlieb	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name NONE</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name NONE</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name NONE</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Carl Gottlieb	File Number U-
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**Part A Continuation Page**

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name Gary Fleder, film director	Lunch, 9/16/2004
Trade Name, if any: Fox Entertainment Group	
P.O. Box, Bldg., Room No., if any	
Street 10201 W. Pico Blvd.	7.b. Amount.
City Los Angeles	
State California ZIP Code + 4 90035	\$35

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name Jon Schwarz	Lunch, 2/25/2004
Trade Name, if any: Maverick Films	
P.O. Box, Bldg., Room No., if any Room 208	
Street 350 N. Maple Drive	7.b. Amount.
City Beverly Hills	
State California ZIP Code + 4 90210	\$40

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	